## IN THE HOUSE OF REPRESENTATIVES

## HOUSE BILL NO. 366

## BY REDMAN AND VANDER WOUDE

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1 2 3 4	AN ACT RELATING TO MEDICAID; AMENDING SECTION 56-267, IDAHO CODE, TO PROHIBIT EL- IGIBILITY OF CERTAIN PERSONS FOR MEDICAID EXCEPT UNDER CERTAIN CIRCUM- STANCES; AND PROVIDING AN EFFECTIVE DATE.
5	Be It Enacted by the Legislature of the State of Idaho:
6 7	SECTION 1. That Section 56-267, Idaho Code, be, and the same is hereby amended to read as follows:
8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33	56-267. MEDICAID ELIGIBILITY EXPANSION. (1) Notwithstanding any provision of law or federal waiver to the contrary, the state shall amend its may not implement or execute any state plan to expand that includes medicaid eligibility to include for those persons under sixty-five (65) years of age whose modified adjusted gross income is one hundred thirty-three percent (133%) of the federal poverty level or below and who are not otherwise eligible for any other coverage under the state plan, in accordance with sections 1902 (a) (10) (A) (i) (VIII) and 1902 (e) (14) of the social security act unless all the following conditions are met:  (a) Federal financial participation for persons identified in this subsection remains at the ninety percent (90%) commitment described in section 1905 (y) of the social security act;  (b) The department has, with federal approval if necessary, implemented a work requirement for able-bodied adults enrolled in medicaic in which no individual shall be eligible to participate in the medicaic program unless that individual is working twenty (20) hours or more per week, averaged monthly; participating in and complying with the requirements of a work program twenty (20) hours or more per week, as determined by the department; meeting any combination of working and participating in a work program for a total of twenty (20) hours or more per week, as determined by the department; or participating and complying with the requirements of a workfare program unless the individual is:  (i) Under the age of nineteen (19) years; (ii) Over the age of nineteen (19) years;
34 35	(iii) Medically certified as physically or mentally unfit for employment;
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- ployment;
- (iv) Pregnant;

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- (v) A parent or caretaker responsible for the care of a dependent child under the age of six (6) years;
- (vi) A parent or caretaker personally providing the care for a dependent child with serious medical conditions or with a disability, as determined by the department;

- (vii) Receiving unemployment compensation and complying with work requirements that are part of the federal-state unemployment compensation system; or
- (viii) Participating in a drug addiction or alcoholic treatment
  and rehabilitation program;
- (c) The department implements an enrollment cap, with federal approval if necessary, that limits enrollment at any given time for persons identified in this subsection to the lower of:
  - (i) Fifty thousand (50,000) persons; or

- (ii) A total represented by the sum of adults enrolled in medicaid who are disabled or over the age of sixty-five (65) years;
- (d) The department has maintained a medicaid improper payment rate of five percent (5%) or less, as confirmed by biennial majority votes of both the senate and house of representatives health and welfare committees, based on a review that shall include but not be limited to data provided by the department to those committees and to the United States department of health and human services, centers for medicare and medicaid services;
- (e) The department has, with federal approval if necessary, suspended requirements to renew eligibility automatically based on available information and to use pre-populated forms;
- (f) The department has, with federal approval if necessary, implemented a lifetime benefit limit of thirty-six (36) months for persons identified in this subsection counting only time spent in that eligibility category;
- (g) The department has, with federal approval if necessary, implemented biannual redeterminations for persons identified in this subsection; and
- (h) The department has, with federal approval if necessary, limited hospital presumptive eligibility determinations to children and pregnant women.
- (2) No later than ninety (90) days after approval of this act, the department shall submit any necessary state plan amendments or waiver requests to the United States department of health and human services, centers for medicare and medicaid services to implement the provisions of this section. The department is required and authorized to take all actions necessary to implement the provisions of this section as soon as practicable. The department is required to notify the senate and house of representatives health and welfare committees within thirty (30) days of the submission, approval, rejection, or withdrawal of any federal waiver request or state plan amendment submitted to carry out the provisions of this section. In the event that any conditions required for eligibility expansion under subsection (1) of this section are not met within ninety (90) days after January 1, 2024, the department shall terminate eligibility for persons described in subsection (1) of this section no later than July 1, 2024. In the event that all conditions required for eligibility expansion under subsection (1) of this section are met within ninety (90) days after January 1, 2024, but are not met at any point thereafter, the department shall terminate eligibility for persons described in subsection (1) of this section within ninety (90) days.

- (3) Eligibility for medicaid as described in this section shall not be delayed if the centers for medicare and medicaid services fail to approve any waivers of the state plan for which the department applies, nor shall such eligibility be delayed while the department is considering or negotiating any waivers to the state plan. The department shall not implement any waiver that would result in a reduction in federal financial participation for persons identified in subsection (1) of this section below the ninety percent (90%) commitment described in section 1905 (y) of the social security act.
- (4) If section 1905(y) of the social security act is held unlawful or unconstitutional by the United States supreme court, then the legislature shall declare this section to be null, void, and of no force and effect.
- (5) If federal financial participation for persons identified in subsection (1) of this section is reduced below the ninety percent (90%) commitment described in section 1905(y) of the social security act, then the senate and house of representatives health and welfare committees shall, as soon as practicable, review the effects of such reduction and make a recommendation to the legislature as to whether medicaid eligibility expansion should remain in effect. The review and recommendation described in this subsection shall be conducted by the date of adjournment of the regular legislative session following the date of reduction in federal financial participation.
  - (6) The department:

- (a) Shall place all persons participating in medicaid pursuant to this section in a care management program authorized under section 56-265(5), Idaho Code, or in another managed care program to improve the quality of their care, to the extent possible; and
- (b) Is authorized to seek any federal approval necessary to implement the provisions of this subsection.
- (7) No later than January 31 in the 2023 legislative session, the senate and house of representatives health and welfare committees shall review all fiscal, health, and other impacts of medicaid eligibility expansion pursuant to this section and shall make a recommendation to the legislature as to whether such expansion should remain in effect.
- SECTION 2. This act shall be in full force and effect on and after January 1, 2024.